

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90054 038 ****61.25

DOCUMENT # **N97000002769**

Corporation Name
SPRING GARDENS ASSOCIATION, INC.

Place of Business Mailing Address
NW 104TH AVE 3550 NW 104TH AVE
SPRINGS FL 33065 37
CORAL SPRINGS FL 33065
US



1. Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26	05/14/1997
Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
	27	59-1510767
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
	28	\$8.75 Additional Fee Required
Country	Zip	6. Election Campaign Financing
25	29	\$5.00 May Be Added to Fees
	30	Trust Fund Contribution <input type="checkbox"/>
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
FRANK		81. Name
NW 104TH AVE		82. Street Address (P.O. Box Number is Not Acceptable)
SPRINGS FL 33065		83.
		84. City
		FL
		85. Zip Code

I, the undersigned, certify that I am familiar with the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes.

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
JOHNSON, FRANK R		1.2 NAME	
3550 NW 104TH AVE		1.3 STREET ADDRESS	
CORAL SPRINGS FL 33065		1.4 CITY-ST-ZIP	
VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SWIDERSKI, WALTER		2.2 NAME	VP Lipsett, Winifred
3550 NW 104TH AVE		2.3 STREET ADDRESS	3550 N.W. 104TH AVE
CORAL SPRINGS FL 33065		2.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33065
SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
LIPSETT, WINIFRED		3.2 NAME	SD Lerch, Carolyn R.
3550 NW 104TH AVE		3.3 STREET ADDRESS	3550 N.W. 104TH AVE
CORAL SPRINGS FL 33065		3.4 CITY-ST-ZIP	CORAL SPRINGS, FL. 33065
TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LERCH, HERBERT		4.2 NAME	
3550 NW 104TH AVE		4.3 STREET ADDRESS	
CORAL SPRINGS FL 33065		4.4 CITY-ST-ZIP	
D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CONNORS, ELOISE		5.2 NAME	
3550 NW 104TH AVE		5.3 STREET ADDRESS	
CORAL SPRINGS FL 33065		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Section 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Frank R. Johnson** Date: **1-26-99** (954) 7553415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)